

SENATE BILL No. 422

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-8-27; IC 27-13-7-15.

Synopsis: Insurance coverage for infertility treatments. Prohibits the issuance, delivery, amendment, or renewal of a group policy of accident and sickness insurance providing pregnancy related benefits unless the policy provides coverage for the diagnosis and treatment of infertility. Specifies certain infertility treatment procedures that must be covered, but provides that the coverage of an insured individual for certain procedures is required only under certain circumstances. Does not apply to a group policy issued to a religious institution or organization that finds the fertility treatment procedures incompatible with its religious and moral teachings and beliefs. Provides that a group health maintenance organization (HMO) contract that provides
(Continued next page)

Effective: July 1, 1999.

Miller

January 13, 1999, read first time and referred to Committee on Health and Provider Services.



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pregnancy related benefits may not be entered into, delivered, amended, or renewed in Indiana unless it provides coverage for the diagnosis and treatment of infertility. Specifies certain infertility treatment procedures that must be covered as in-plan covered services or out-of-plan covered services, but provides that the coverage of an enrollee for certain procedures is required only under certain circumstances. Does not apply to a group HMO contract entered into with a religious institution or organization that finds the fertility treatment procedures incompatible with its religious and moral teachings and beliefs. Prohibits an insurer or health maintenance organization from providing coverage for certain procedures if the procedures involve the disposal of fertilized eggs.

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Introduced

First Regular Session 111th General Assembly (1999)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1998 General Assembly.

SENATE BILL No. 422

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 27-8-27 IS ADDED TO THE INDIANA CODE AS
- 2 A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
- 3 1, 1999]:
- 4 **Chapter 27. Group Policy Coverage for Infertility Treatment**
- 5 **Sec. 1. (a) As used in this chapter, "policy of accident and**
- 6 **sickness insurance" means a policy or contract that:**
- 7 **(1) provides at least one (1) of the kinds of insurance**
- 8 **described in Class 1(b) or 2(a) of IC 27-1-5-1; and**
- 9 **(2) is written on a group basis.**
- 10 **(b) The term does not include the following:**
- 11 **(1) Accident only, credit, dental, vision, Medicare supplement,**
- 12 **long term care, or disability income insurance.**
- 13 **(2) Coverage issued as a supplement to liability insurance.**
- 14 **(3) Automobile medical payment insurance.**
- 15 **(4) A specified disease policy.**



(5) A limited benefit health insurance policy.

(6) A short term insurance plan that:

(A) may not be renewed; and

(B) has a duration of not more than six (6) months.

(7) A policy that provides a stipulated daily, weekly, or monthly payment to an insured during hospital confinement, without regard to the actual expense of the confinement.

(8) Worker's compensation or similar insurance.

(9) A student health insurance policy.

Sec. 2. (a) Except as provided in subsection (b), a policy of accident and sickness insurance that provides pregnancy related benefits may not be issued, delivered, amended, or renewed in Indiana unless it provides coverage for the diagnosis and treatment of infertility.

(b) This chapter does not require coverage for the diagnosis and treatment of infertility in a policy of accident and sickness insurance that is issued to:

(1) a religious institution or organization; or

(2) an entity sponsored by a religious institution or organization;

that finds the procedures in section 3 of this chapter incompatible with its religious and moral teachings and beliefs.

Sec. 3. Subject to sections 4 and 5 of this chapter, the coverage for the diagnosis and treatment of infertility that must be provided by a policy of accident and sickness insurance under this chapter includes the following procedures:

(1) In vitro fertilization.

(2) Assisted hatching.

(3) Embryo transfer.

(4) Artificial insemination.

(5) Gamete intrafallopian tube transfer.

(6) Zygote intrafallopian tube transfer.

(7) Intracytoplasmic sperm injection.

(8) Transvaginal assisted ovulation.

(9) Cryopreservation.

Sec. 4. (a) Subject to section 5, an insurer is required under this chapter to cover procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer for an insured individual only if:

(1) the individual has not been able to attain or sustain a successful pregnancy through reasonable, less costly, medically appropriate infertility treatments for which



coverage is available under the policy;

(2) the individual has undergone not more than three (3) oocyte retrievals, except as provided in subsection (b);

(3) the procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer are performed at medical facilities that conform to the guidelines of the American College of Obstetricians and Gynecologists for in vitro fertilization clinics; and

(4) the procedure is performed by a physician whose practice involves the diagnosis or treatment of infertility for at least fifty percent (50%) of the physician's patients.

(b) Subsection (a)(2) does not relieve an insurer of the obligation to cover an individual who has undergone at least four (4) oocyte retrievals if the individual, since giving birth to a living child, has had less than two (2) oocyte retrievals.

Sec. 5. An insurer may not cover a procedure under section 3 of this chapter if the procedure involves the disposal of fertilized eggs.

SECTION 2. IC 27-13-7-15 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: **Sec. 15. (a) Except as provided in subsection (b), a group contract that provides pregnancy related benefits may not be entered into, delivered, amended, or renewed in Indiana unless it provides coverage for the diagnosis and treatment of infertility.**

(b) This chapter does not require coverage for the diagnosis and treatment of infertility in a group contract that is entered into with:

- (1) a religious institution or organization; or**
- (2) an entity sponsored by a religious institution or organization;**

that finds the procedures in subsection (c) incompatible with its religious and moral teachings and beliefs.

(c) Subject to subsections (d) and (f), the coverage for the diagnosis and treatment of infertility that must be provided by a group contract under this section includes the following procedures as in-plan covered services or out-of-plan covered services:

- (1) In vitro fertilization.**
- (2) Assisted hatching.**
- (3) Embryo transfer.**
- (4) Artificial insemination.**
- (5) Gamete intrafallopian tube transfer.**
- (6) Zygote intrafallopian tube transfer.**
- (7) Intracytoplasmic sperm injection.**



1 (8) Transvaginal assisted ovulation.

2 (9) Cryopreservation.

3 (d) Subject to subsection (f), a health maintenance organization
4 is required under this section to cover procedures for in vitro
5 fertilization, gamete intrafallopian tube transfer, or zygote
6 intrafallopian tube transfer for an enrollee only if:

7 (1) the enrollee has not been able to attain or sustain a
8 successful pregnancy through reasonable, less costly,
9 medically appropriate infertility treatments that are in-plan
10 covered services available under the group contract;

11 (2) the enrollee has undergone not more than three (3) oocyte
12 retrievals, except as provided in subsection (e);

13 (3) the procedures for in vitro fertilization, gamete
14 intrafallopian tube transfer, or zygote intrafallopian tube
15 transfer are performed at medical facilities that conform to
16 the guidelines of the American College of Obstetricians and
17 Gynecologists for in vitro fertilization clinics; and

18 (4) the procedure is performed by a physician whose practice
19 involves the diagnosis or treatment of infertility for at least
20 fifty percent (50%) of the physician's patients.

21 (e) Subsection (d)(2) does not relieve a health maintenance
22 organization of the obligation to cover an individual who has
23 undergone at least four (4) oocyte retrievals if the individual, since
24 giving birth to a living child, has had less than two (2) oocyte
25 retrievals.

26 (f) A health maintenance organization may not cover a
27 procedure under subsection (c) if the procedure involves the
28 disposal of fertilized eggs.

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